PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10802753

CLAIMS AS FILED - PART I													
(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			27		(COMMITZ)		1			OR		ENTITY	
500							l	RATE	FEE	4	RATE	FEE .	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEI	770.00	
T(OTAL CHARGE	EABLE CLAIMS	// minus 20=		• 2			X\$ 9=		OR	X\$18=	36.00	
IN	DEPENDENT (CLAIMS	/ n	ninus 3 =		6		X43=		OR	X86=		
М	JLTIPLE DEPE	ENDENT CLAIM F	PRESENT					+145=	†	1	. 200	 	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	+290=	206.	
CLAIMS AS AMENDED - PART II										OR	TOTAL		
	<u>,</u>	(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
10	j	CLAIMS REMAINING		HIGHE					ADDI-	ו ר		ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	ENTATION OF M	Minus	***		=		X43=	·	OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTAL		J~∟ſ			
								DDIT. FEE		OR ,	TOTAL ODIT. FEE		
_		(Column 1)	, 	(Colum		(Column 3)	ı						
8		CLAIMS REMAINING	1	HIGHE			Г		ADDI-	1 [ADDI-	
Ļ		AFTER	AFTER PREVIOUSL		_	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
<u>u</u>		AMENDMENT			OR				FEE			FEE	
AMENDMENT	Total	*	Minus	**				X\$ 9=		OR	X\$18=		
N N	Independent	*	Minus	***		= .		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	7.00=		
								+145=		OR	+290=		
							AE	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
		(Column 1)		(Columi		(Column 3)			•	•			
ပ		CLAIMS REMAINING		HIGHE:					ADDI-	Г	<u> </u>	ADDI-	
		AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
፟	Total		Minus	**	<u> </u>	=	\vdash		FEE	ŀ		FEE	
AMENDMENT	Independent	*	Minus	***			-	X\$ 9=		OR	X\$18=		
< [FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
								145=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20. order 20.												·	
11	the "Highest Nur	mber Previously Pai	id For IN THIS	S SPACE is I	ecc than	3 poter *3 *	•	DIT. FEE L		- AL	DOTT. FEE L		
11	ile mignest Num	ber Previously Paid	For (Total or	Independent) is the I	nighest number (found	in the appr	opriate box	in colum	nn 1.	1.	